

**World Vision, Inc.
Transition Activities Program (TAP)
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Fiscal Year 2003 Results Report

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**To
USAID Mission – Indonesia
And
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FISCAL YEAR 03 RESULTS REPORT

I. Results Report

A. Annual Results

Indicator	Baseline	FY01 Target	FY01 Achieved	FY01 Achieved vs. Target	FY02 Target	FY02 Achieved	FY02 Achieved vs. Target	FY03 Target	FY03 Achieved	FY03 Achieved vs. Target	FY04 Target	FY04 Achieved	FY04 Achieved vs. Target	LOA Target	LOA Achieved	LOA Achieved vs. Target
Component 1 - Improved Welfare of Populations Affected by Natural or Man-made Disasters																
A. Outcome Indicators																
1 % increase in nutritional status (U5) of vulnerable groups (children)	30.6%	2%	NA	NA	1%	-1.63%	-163%	1%	0.97%	97%	1%	NA	NA	NA	NA	NA
2 % decrease in acute severe malnutrition rates	-	1%	0.987%	98.7%	1%	1.12%	112%	1%	0.41%	41%	1%	NA	NA	NA	NA	NA
3 # of completed projects being utilized by communities	0	375	533	142%	500	696	139.2%	400	211	52.75%	NA	NA	NA	NA	NA	NA
4 % increase in traffic on roadways	0	10%	NA	NA	10%	19.15%	191.5%	10%	27.08%	270.81%	NA	NA	NA	NA	NA	NA
B. Process Indicators																
1 # of targeted beneficiaries reached by food aid (gender/age)																
a. FFW & FFT activities	0	15,000	18,109	121%	15,000	15,178	101%	14,500*	12,311	84.9%	9,500	NA	NA	NA	NA	NA
b. Supplementary feeding activities for children U5	0	12,000	10,938	91.15%	8,000	7,661	95.76%	4,000	4,798	119.95%	2,533*	NA	NA	NA	NA	NA
2 Amount of food aid distributed																
a. Rice (MT)	0	7,920	5,630	71%	7,920	7,800	98.48%	7,656*	6,286.3	82.10%	5,010	NA	NA	NA	NA	NA
b. Beans	0	1,080	768	71%	1,080	1,062	98.33%	1,041*	857.2	82.34%	570	NA	NA	NA	NA	NA
c. Oil	0	540	384	71%	540	533	98.70%	521*	428.6	82.26%	420	NA	NA	NA	NA	NA
d. Wheat Soya Blend (WSB)	0	288	175	61%	192	184	95.83%	70*	115.1	164.42%	60.8*	NA	NA	NA	NA	NA
3 # of kilometers of roads rehabilitated.	0	18	39.7	221%	11	18.92	172%	11*	11.8	107.27	3	NA	NA	NA	NA	NA
4 # of targeted beneficiaries participating in rehabilitation activities.	0	12,000	17,017	142%	8,000	13,043	163.04%	4,000	8,403	210.07%	500	NA	NA	NA	NA	NA
5 # of projects generated/percent completed.	0	375	533	142%	500	696	139.2%	400	211	52.75%	Na	NA	NA	NA	NA	NA
6 # of individuals participating in training and health care activities.	0	3,000	1,092	36%	7,000	1,428	20.4%	10,500*	3,907	35.51%	9,000	NA	NA	NA	NA	NA

*Targets, which have been changed since the original proposal was approved, should be noted with an asterisk.

Performance Tracking Table Analysis and Explanation

Outcome Indicators

1. % increase in nutritional status of vulnerable groups

During FY03, World Vision Inc. (WV) targeted a 1% increase in the nutritional status of children U5 (underweight) living in the TAP project areas. World Vision achieved a 0.97% increase (97% achieved) in the nutritional status of the target group. The less than expected nutritional increase is due to high mobility of the beneficiaries. The same children are not measured every month to demonstrate project progress. Instead, there are regularly malnourished beneficiaries entering the project area and better-nourished beneficiaries leaving it. As a result, the overall percent increase in nutritional status is lower than was targeted.

2. % decrease in acute severe malnutrition rates

During FY03, the program targeted to reduce the rate of acute severe malnutrition (wasting) by 1%. During the reporting period, the prevalence of severe acute malnutrition fell by 0.41%. The gap in target versus achievement is due to closing areas after the internal program reviews back at the end of 2002, besides high mobility that made it difficult to maintain the same children for the whole year. The increased participation of parents of malnourished children in Food For Work (FFW) and Food For Training (FFT) activities is believed to be responsible for the decrease in the malnutrition rate. In addition, health staff provided health education to the target groups. The education was then supported by intensive home visits by health staff to mothers of malnourished children.

3. # of completed projects being utilized by communities

WV expected to complete 400 projects that would be used by community members in FY03. A total of 211 projects were completed and the communities are using all 211 projects. Most of the projects completed involved the construction of pathways, gutters, or public latrines. The target was not met due to the uncertainty of commodity arrival where all programs were adjusted based on commodity remaining, this include targeting on the number of projects and beneficiaries.

4. % increase in traffic on roadways

The target for FY03 was to demonstrate a 10% increase in traffic on selected roadways. The increase in traffic surpassed the target. By the end of FY03, there was a 27.08% increase in traffic. The increase achieved is higher than expected since some of the roadways did not exist prior to the project. The aim of roadway construction is to increase access to economic and social facilities, as well as health facilities.

Process Indicators

1. # of targeted beneficiaries being reached by food aid.

WV targeted in FY03 to provide food aid through (1) FFW and FFT activities to 14,500 and (2) supplementary feeding to 4,000 malnourished children U5. In December 2002, WV submitted and was granted request to extend TAP to the end of 2004 as well as to revise the amount of commodity (including WSB) and beneficiary target for CY 2003 from 15,000 to 14,500. During the fiscal year, the FFW/T beneficiary target was not met while that for supplementary feeding was met. The reason is that the target for FFW/T was adjusted based on remaining commodity then, which is not enough to cover the whole year, as WV did not request replacement for the

food used to respond to the February 2002 Jakarta Floods Emergency and the uncertainty of commodity arrival, which is it will be very risky to implement the program without food. In the summary indicator tracking table 12,311 beneficiaries received food packages. However, in the beneficiary registry table, there were 12,654 Surabaya and Jakarta-based beneficiaries. Reasons for the differences in the two tables is that beneficiaries in the indicator tracking table is the actual individuals received food package, while the second table is the number of individuals registered in that specific month. It should be noted as well that not all individuals registered received food package since some would resign after working for several days if they returned to their home villages, got a job, or otherwise cannot comply with the project's working hours.

By the end of FY'03, supplementary feeding exceeded the target for 119.95%. From this achievement, it can be concluded that the IU MICAH program effectively covers more children U5 with the mother care groups (NERS) approach, especially when home visits are done only for those who did not attend health post (posyandu) meetings 2 months in row. However, there still remains some difficulty in distribution for the supplemental feeding program, especially for newly registered children, as they need time to adjust to the taste of WSB. Many children do not initially like the taste and some refuse to eat it. As a result, some parents decline the opportunity for the supplemental food.

2. Amount of food aid distributed.

In FY03, as approved by USAID to reduced number of beneficiaries as well as the amount of commodity, WV targeted to distribute 7,656 MT of rice, 1,041 MT of beans, 521 MT of vegetable oil, and 70 MT of WSB. In each category, except for WSB, in the summary indicator-tracking table, WV fell more than 10 percentage points below target. Commodity is distributed according to a post-paid system, meaning that the distribution of food for September 2003 FFW/T activities will be completed in October 2003. As a result, the indicator-tracking table does not reflect the October distribution of commodity for September activities.

Given that in the first and second year of implementation, the target for U5 children was not met, there are excess 60.8 MT of WSB and with that consideration WV did not request the remaining 26 MT of WSB. With that much of remaining, WV has targeted to reach 2,533 U5 children based on the commodity remaining for FY04.

3. # of kilometers of roads rehabilitated.

In FY03, WV targeted to rehabilitate 11 kilometers of road. However, a total of 11.8 km were rehabilitated. The ability of WV to exceed its target reflects that there is still the need for such improvement and the willingness of community members to help to increase access to health as well as social and economic facilities. Taking that into consideration, WV set for FY04 to target 3 km roads being rehabilitated.

4. # of targeted beneficiaries participating in rehabilitation activities.

In FY03, WV anticipated that 4,000 people would participate in rehabilitation activities. In all, there were a total of 8,403 participants. WV was able to substantially surpass the annual target due to the need for not only the projects but also the food. Please note that the number of FFW beneficiaries includes people who only worked on FFW projects.

5. # of projects generated/percent completed.

WV expected to complete 400 community projects during the reporting period. With a total of 211 projects completed, the TAP project only achieved 52.75% of the target. The target was not met due to the uncertainty of commodity arrival. It was not possible to target many projects that would absorb a high number of beneficiaries, as the remaining commodity did not cover enough individuals.

6. # of individuals participating in training and health care activities.

Initially, it was expected that 11,000 individuals would participate in training and health care activities. The target was changed to 10,500 beneficiaries to reflect the reduction of total beneficiaries for year 2003 from 15,000 to 14,500, as per the approved grant modification. Results in the indicator-tracking table indicate that 3,907 people (35.51% of target) participated in training and other project activities. The individuals measured under this indicator are health workers, mothers attending NERS, and individuals who were involved in FFT health activities. During the reporting period, FFT activities included not only health practices and cooking classes, but also on knowledge and income generating activities, such as animal husbandry, literacy, and handicrafts. Though participation in these activities has increased recently, the target was not achieved, since the number of training groups is less than targeted and then training groups cannot absorb as many beneficiaries as in the rehabilitation projects

General Program Review

As of September 2003, World Vision Inc.'s (WV) Transition Activities Program (TAP) in Indonesia completed its third year of implementation. The TAP project operation areas remain the same: East Jakarta, North Jakarta, and Surabaya; with slight changes in RT/RW, or a village. During the third year, WV continued its two main project activities:

1. The provision of food commodities to vulnerable families, through community-generated food for work (FFW) projects and food for training (FFT).
2. The provision of fortified blended foods to children under five.

In the first quarter of year 2003, the TAP program focused on [1] preparing the 2003 strategy and [2] implementing Food For Work [FFW] and Food For Training [FFT] activities. The 2003 strategy focuses on FFT and health supplementary feeding activities while continuing limited FFW activities. WV continued to coordinate with local government and community leaders during this period to report achievement and explain the program goal and operations for the third year so as to avoid any overlapping of activities or miscommunication. During January to March 2003, most routine Health, FFW and FFT activities stopped or slowed down due to commodity shortage and coordination activities. As a result, during the second quarter, the project distributed only to FFT/NERS beneficiaries.

In FY 2003, TAP continued covered 12 sub-districts in 3 project areas with total of 26 villages. At the end of 2002, WV conducted a review for the implementation areas based on the beneficiary criteria (below poverty line) and malnutrition survey. As result, one village in Surabaya – Keputran village was closed. The covered areas are shown in the table below:

Area	East Jakarta	North Jakarta	Surabaya
# of Sub-districts	6 (Six): Cipayung, Ciracas, Duren Sawit,	1 (One): Cilincing	5 (Five): Benowo, Genteng, Gubeng,

	Jatinegara, Kramat Jati, Makasar		Tegalsari, Tambaksari
# of Villages	9 (Nine): Cawang, Kp. Tengah, Kramat Jati, Klender, Pd. Bambu, Cipinang Besar Selatan, Ciracas, Lubang Buaya, Pinang Ranti	7 (Seven): Cilincing, Kalibaru, Rorotan, Marunda, Semper Barat, Semper Timur, Sukapura	10 (Ten)*: Kandangan, Klakahrejo, Embong Kaliasin, Genteng, Kapasari, Peneleh, Kertajaya, Pacarkeling, Tegalsari, Wonorejo

Note: *As result of review of implementation areas at the end of 2002, the TAP closed activities in Keputran village (Surabaya).

In September 2003 WV was granted TAP one-year extension to December 2004 with the objective to continue and optimize the current TAP activities, especially to meet the Intermediate Result #3: Equip and develop beneficiaries' skills and knowledge on social and economic aspects. WV will focus more on capacity building activities that can support household income generating activities. In turn, this program will enable households to have an adequate and sustainable access to income and other resources to meet basic needs.

FFW Activities

The infrastructure rehabilitation projects have established healthier living environment for urban communities living in slum areas, providing them with better and more appropriate public facilities, mitigating the impact of recurrent floods, and providing better access to health services and markets. The beneficiaries are organized to form working groups that ensure the building process and project maintenance. The participatory group approach and the establishment of community controls are essential to ensure the activities are sustainable. Local governments have also been involved in supporting the TAP through matching efforts to create greater impacts and better systems within the community, such as garbage disposal in Surabaya and riverbank rehabilitation in North Jakarta. The pictures below show examples of FFW projects:



Bridge construction in Marunda village



Community Multipurpose Center in Cawang Village

The table below lists the FFW projects completed during the reporting period.

Completed FFW Projects

Project	Accomplishment October 2002 – September 2003		
	East Jakarta	North Jakarta	Surabaya
Road Construction/Renovation (km)	6.3	5.1	0.422
Gutter Construction/Renovation (km)	6.6	4.6	0.322
Public Latrine Construction/Renovation (rooms)	5	3	26
Well Rehabilitation (#)/Hand pump (#)	1	2	17
Social Facilities Construction (unit)	17	7	15

FFT Activities

In FY03, WV enhanced the already established FFT groups and formed new groups. While additional training topics were explored, TAP staff continued to operate the existing training program. Basic economic skills trainings have been organized to address the community's interest in income generating activities. Community groups are already established and in the process of developing their business plan.

To broaden the market for FFT products, WV will need to:

- Produce labels in packaging.
- Provide Depkes (Ministry of Health) license to broaden the market to access larger stores such as supermarkets
- Coordinate with the Government of Indonesia to support WV programming, i.e. through participation in local government activities such as bazaars.

The groups have also received supporting trainings aimed to ensure the increased income will also improve living conditions for their children, including their health, nutritional status and education. TAP conducted health-nutrition education targeted for community health volunteers (Cadre), mothers with malnourished children U5 and FFW/T beneficiaries. The training teaches community health volunteers (Kader) mainly on appropriate health practices and personal hygiene. As such, the cadres play a vital role in communicating the necessity of improving the nutritional status of their children. The health education component is major parts of TAP since TAP addresses the link between child malnutrition and the lack of understanding, misbehaviors and malpractice in regards to food and nutrient consumption. During this period, the team continued to conduct pre-tests and post-tests with the training participants to evaluate the effectiveness of trainings provided by health workers (cadres).

The IU – MICAHA component of the TAP will end on December 2003. As of September 2003, 133 mother care groups (NERS, including 2 pure groups¹) have been established and help a total of 1,670 children. During its implementation, WV staff encountered several constraints. First, the health team questioned its ability to sustain long-term behavior change with only modest assistance from WV. This perception was reinforced when mothers were not enthusiastic to

¹ Pure NERS groups are mother care groups established without other interventions (FFW/T) from WV. The members of the groups do not receive any inputs from TAP (food or other incentives); all supports for the groups are provided from the members, cadre, and chief of RT/RW.

participate in NERS training. Many mothers come from very poor families where they cannot even afford their daily needs, such as food, since some husbands do not have a permanent job or are unemployed. They were very reluctant to bring materials that will be used in the training, but with encouragement, at last, they agreed to bring all that is needed. The local health center (Puskesmas) also involved and participated in this training by contributing cooking equipment. At the first round, most mothers came to NERS without taking bath first. Therefore, cadres and health monitors provided health education related to basic daily health practices. On the first day, the children did not have good appetites and the mothers easily gave up when their child do not want to eat anymore. The next day, the team saw improvement and by fourth day, they already found many changes both the mothers and their children, including:

- With their mothers help, each child washes their hands and faces with soap before eating.
- Mothers did not easily give up feeding their children.
- After eating, the children brush their teeth, some assisted by their mothers.
- In deciding the menus, all mothers willingly participated in bringing materials for the next day.
- Day by day, mothers became more punctual in attending NERS to make sure their children ate on time.
- The mothers now willingly prepare food, and clean utensils and the area they use during NERS activities.



Feeding, Washing Hand, and Brushing Teeth activities

In the second round, all mothers bathed prior to the NERS activities and washed their hands and their children's hands and faces before eating. Nevertheless, during these sessions, the team could see the improvement of participation within mothers, cadres, local health center (Puskesmas), and community leaders. Furthermore, mothers excited to participate actively in all sessions. They also realized that NERS increases their child's weight (nutritional status).

But still, there remain some challenges during its implementation, such as:

1. *Mothers' commitment*: It is understood that child malnutrition in the targeted areas is closely related to improper behaviors and unhygienic habits. Optimum results of NERS can only be achieved when mothers really care about their children's health and are willing and able to change their behaviors. The greatest challenge is to maintain the mothers' motivation and consistency in proper childcare.
2. *Illnesses*: In most cases, common illnesses such as ARI [Acute Respiratory Infection], cough, influenza, worm infections, and TB affect a child's health condition (lowering appetite, thus decreasing weight). Their status is also worsened when there is epidemic spreading among the children.
3. *Health cadres' motivation*: NERS is conducted using a specific approach that requires that health cadres pay special attention to each individual involved in the program. The

program can achieve its optimum results only when health cadres are highly motivated, passionate, and creatively engage both mothers and children in various learning experiences during each NERS meeting. Maintaining the cadres' motivation and creativity in the sessions is a constant challenge.

4. *Access to basic resources*: NERS provides hands-on health and nutrition learning experiences for mothers and their children. Ultimately, however, a child's nutritional status depends on the families' capacity to access nutritious food (micro-nutrient food resource) and other basic services (potable water, hygienic water/sanitation facilities). The access to basic services is one of the greatest challenges to maintain a child's nutritional condition.
5. *Engaging Puskesmas and Dinas Kesehatan*: Collaboration with GOI counterparts is essential to ensure program the sustainability and quality. In the areas where Puskesmas and Dinas Kesehatan have the commitment to improve community health condition, support and interest in the program are high (some provide support to health cadres; others are in the stage of learning and knowledge sharing; and still others have shown interest to replicate the program in their respective areas). However, not all areas receive the same attention and support from Puskesmas and Dinas Kesehatan.

It also had conducted training for health staff, community health volunteers, and mothers on Anemia, Malnutrition, Diarrhea, Worm Disease, Pneumonia, Healthy Homes, IMCI, Community Integrated Management Of Childhood Illness (C – IMCI), De-worming, Nutrition Food for Children, Breastfeeding Initiation, Exclusive Breastfeeding, HIV/AIDS, NAPZA [Drugs and Addictive Substances], SARS, Micro and Macro Nutrients, Cikungunya [similar to Dengue Hemorrhagic Fever], Pregnant Women, Roles and Functions of Health Cadres, Immunization, Vitamin A, and Iron Rich Food. Personal hygiene has been put into practice in all NERS groups. Group members are already aware and maintain their personal hygiene. As such, it is anticipated that their good habits can be extended to their family members and the surrounding environment with the start of hand washing before meals, nail cutting, tooth brushing, ear cleaning, and the feeding process. During the reporting period, the team conducting a survey to identify the number of mothers practicing IMCI and C-IMCI (Community - Integrated Management of Childhood Illness).



Training to Kader in collaboration with MOH

In order to continue to encourage and advocate to the Ministry of Health and Puskemas Health Center staff (including doctors and cadres), the TAP health team conducted workshops on Positive Deviance [PD] and NERS. It is hoped that the mother care groups and PD will be adopted in the GoI health system.



Workshop IU – MICAH for MOH and Puskesmas Staffs

The WV TAP team worked in the groups to not only increase each child's weight but also change their nutritional status for a full recovery. In addition to the aforementioned activities, other supportive activities were also implemented. WV trained all participants on income generation, since increased incomes will improve the living conditions of the children, including their health, nutritional status and education. As for the children, the team utilized a pre-school training methodology supported by IED materials for children called *Alat Peraga Edukasi Anak (APEA)*. The materials were developed based on pre-school education materials in order to stimulate children's creativity with motor and cognitive development.

NERS activities have resulted in many good habits among mothers and children involved in the groups. Some success stories as a result of the activities are:

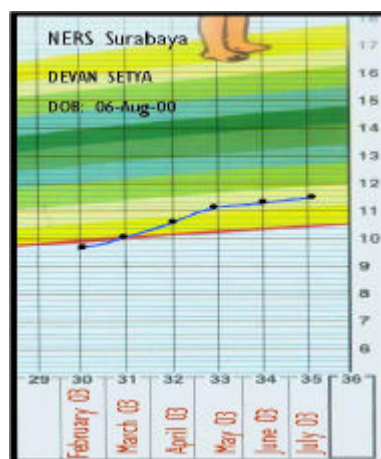
- Togetherness among mothers in the NERS group has encouraged them to feed their children. The children now are willing to eat by themselves without maternal supervision since they saw the other children not dependent on their mothers.
- The children are now adopting new habits. Examples include consuming vegetables daily, washing their hands before meals, cutting nails, wearing shoes, and eating less snacks/sweets.
- There were some children who recovered through NERS but still attend NERS activities since they found it an interesting place for playing, eating, learning, and singing with friends.

*The story of **Devan**, described below, is one of many NERS success stories.*

From a 12-day session of NERS, the World Vision TAP health team found that approximately 17 children improved their nutrition status. One such person is Devan, aged 38 months. World Vision visited his house to interview and observe Devan's family. According to his mother, ever since he joined NERS, his appetite improved and he now eats more than before, both at NERS and at home. Devan's mother also said that since she joined NERS, she has learned a lot on nutrition, child care, food preparation, and identification and appropriate responses to child illness. Since joining NERS, Devan's weight has increased significantly, which resulted in his improved nutritional status. Today, Devan's weight is commensurate with his height and age and his nutritional status is classified as normal.



Devan – Recovered



During FY03, a total of 12,311 HHs have participated in the TAP program through FFW/T activities. The tables below identify the number of beneficiaries registered and the commodities distributed from October 2002 through September 2003:

FFW/T Beneficiaries Registered in the Project

A. Surabaya

Month	SURABAYA		
	M	F	Total
October-02	955	5,224	6,179
November-02	40	94	134
December-02	-	-	-
January-03	-	-	-
February-03	616	5,345	5,961
March-03	674	5,730	6,404
April-03	674	5,708	6,382
May-03	669	5,428	6,097
June-03	673	5,675	6,348
July-03	667	5,639	6,306
August-03	667	5,604	6,271
September-03	665	5,572	6,237
Average FY '03	525	4,168	4,693
TOTAL	6,300	50,019	56,319

B. Jakarta

Month	JAKARTA								
	East Jakarta			North Jakarta			Total		
	M	F	Total	M	F	Total	M	F	Total
October-02	2,348	3,761	6,109	941	7,226	8,167	3,289	10,987	14,276
November-02	4,259	6,701	10,960	1,019	7,347	8,366	5,278	14,048	19,326
December-02	499	911	1,410	-	138	138	499	1,049	1,548

January-03	2	231	233	638	4,499	5,137	640	4,730	5,370
February-03	402	1,858	2,260	681	4,458	5,139	1,083	6,316	7,399
March-03	402	2,218	2,620	670	4,396	5,066	1,072	6,614	7,686
April-03	473	2,563	3,036	670	4,396	5,066	1,143	6,959	8,102
May-03	73	-	73	193	1,581	1,774	266	1,581	1,847
June-03	173	-	173	784	3,940	4,724	957	3,940	4,897
July-03	886	3,371	4,257	790	3,913	4,703	1,676	7,284	8,960
August-03	840	3,391	4,231	822	3,775	4,597	1,662	7,166	8,828
September-03	653	3,428	4,081	533	2,678	3,211	1,186	6,106	7,292
Average FY '03	918	2,369	3,287	645	4,029	4,674	1,563	6,398	7,961
TOTAL	11,010	28,433	39,443	7,741	48,347	56,088	18,751	76,780	95,531

Commodity Distribution Summary for FFW/T Beneficiaries (in kg)

A. Surabaya

Month	Surabaya FFW/T					
	Rice (kgs)		P. Beans (kgs)		Oil (kgs)	
	#	Cumulative	#	Cumulative	#	Cumulative
Oct-02	272,536.00	272,536.00	37,164.00	37,164.00	18,582.00	18,582.00
Nov-02	277,872.00	550,408.00	37,892.40	75,056.40	18,944.80	37,526.80
Dec-02	-	550,408.00	-	75,056.40	-	37,526.80
Jan-03	-	550,408.00	-	75,056.40	-	37,526.80
Feb-03	-	550,408.00	-	75,056.40	-	37,526.80
Mar-03	-	550,408.00	-	75,056.40	-	37,526.80
Apr-03	261,756.00	812,164.00	35,694.00	110,750.40	17,847.00	55,373.80
May-03	280,764.00	1,092,928.00	38,286.00	149,036.40	19,143.00	74,516.80
Jun-03	279,884.00	1,372,812.00	38,166.00	187,202.40	19,083.00	93,599.80
Jul-03	279,620.00	1,652,432.00	38,130.00	225,332.40	19,065.00	112,664.80
Aug-03	279,004.00	1,931,436.00	38,046.00	263,378.40	19,023.00	131,687.80
Sep-03	277,068.00	2,208,504.00	37,782.00	301,160.40	18,891.00	150,578.80
Total	2,208,504.00		301,160.40		150,578.80	

B. Jakarta

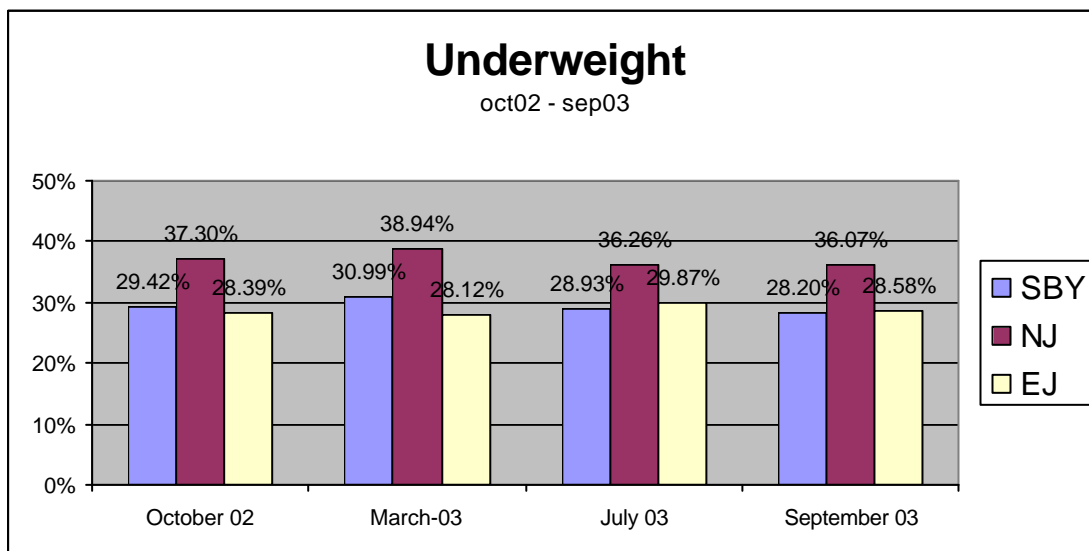
Month	Jakarta FFW/T											
	Rice (kgs)			Rice - Cumulative	Pinto Beans (kgs)			P. Beans - Cumulative	Veg. Oil (kgs)			V. Oil - Cumulative
	East	North	Total		East	North	Total		East	North	Total	
Oct-02	268,796.00	359,348.00	628,144.00	628,144.00	36,654.00	49,002.00	85,656.00	85,656.00	18,327.00	24,501.00	42,828.00	42,828.00
Nov-02	482,240.00	368,104.00	850,344.00	1,478,488.00	65,760.00	50,196.00	115,956.00	201,612.00	32,880.00	25,098.00	57,978.00	100,806.00
Dec-02	58,600.00	3,312.00	61,912.00	1,540,400.00	7,995.60	455.40	8,451.00	210,063.00	3,989.00	222.00	4,211.00	105,017.00
Jan-03	840.00	-	840.00	1,541,240.00	115.50	-	115.50	210,178.50	56.00	-	56.00	105,073.00
Feb-03	2,024.00	-	2,024.00	1,543,264.00	276.00	-	276.00	210,454.50	138.00	-	138.00	105,211.00
Mar-03	1,628.00	-	1,628.00	1,544,892.00	222.00	-	222.00	210,676.50	111.00	-	111.00	105,322.00
Apr-03	-	-	-	1,544,892.00	-	-	-	210,676.50	-	-	-	105,322.00
May-03	254,584.00	753,148.00	1,007,732.00	2,552,624.00	34,716.00	102,702.00	137,418.00	348,094.50	17,358.00	51,351.00	68,709.00	174,031.00
Jun-03	152,064.00	207,856.00	359,920.00	2,912,544.00	20,736.00	28,344.00	49,080.00	397,174.50	10,368.00	14,172.00	24,540.00	198,571.00
Jul-03	175,560.00	206,932.00	382,492.00	3,295,036.00	23,940.00	28,218.00	52,158.00	449,332.50	11,970.00	14,109.00	26,079.00	224,650.00
Aug-03	187,132.00	202,268.00	389,400.00	3,684,436.00	25,518.00	27,582.00	53,100.00	502,432.50	12,759.00	13,791.00	26,550.00	251,200.00
Sep-03	184,888.00	208,560.00	393,448.00	4,077,884.00	25,212.00	28,440.00	53,652.00	556,084.50	12,606.00	14,220.00	26,826.00	278,026.00
Total	1,768,356.00	2,309,528.00	4,077,884.00		241,145.10	314,939.40	556,084.50		120,562.00	157,464.00	278,026.00	

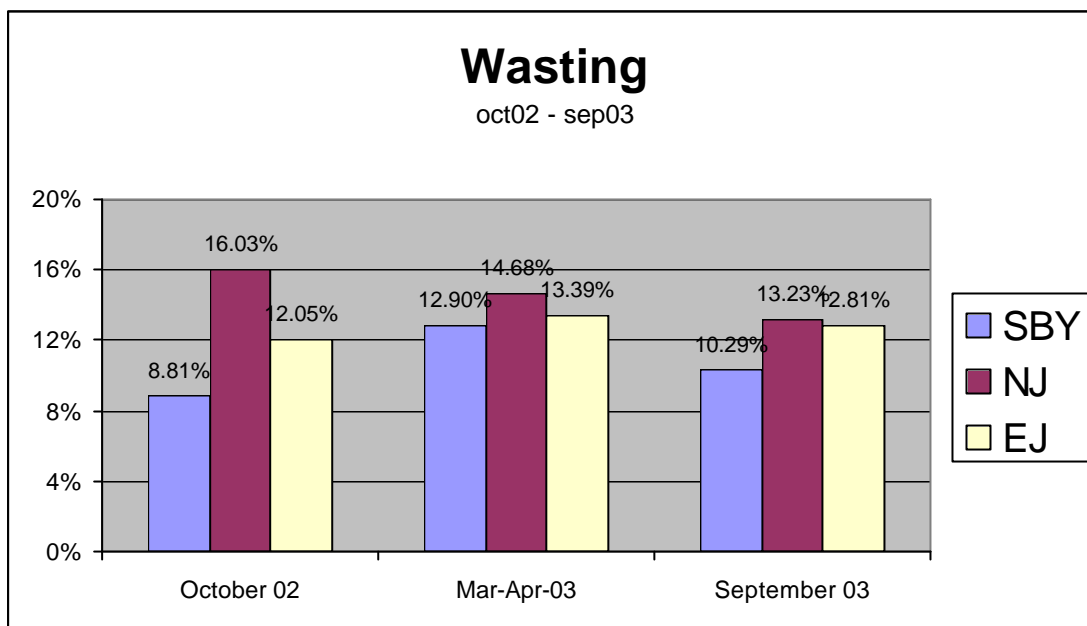
Supplemental Feeding Activities for Children Under 5

Each month, the TAP project provided 2 kilograms of wheat soy blend to targeted malnourished children between the ages of 6 months and 5 years. World Vision used the existing local government health structures to monitor the status of children and distribute the WSB. World Vision is committed to strengthening the Kader's [community health volunteer workers] abilities to provide sound nutritional advice to community members. The cadres participated in training programs to learn how best to use the WSB and to properly take anthropometrics measurements.

TAP staff collected data on weight every three months and height every six months to track the nutritional progress of children in the communities. All children are measured regardless of their participation in the World Vision project in order to maintain as fervent a database as possible. In order to track the nutritional status of children in the area, WV developed a system database called the Health and Nutrition Tracking System (HNTS). HNTS generates a list of all children who meet the criteria of malnourishment to expedite the start of appropriate interventions, as one of the beneficiary criteria is family with malnourished children U5. Basic information about children in the target areas is entered into this system on a monthly basis. The provided charts below were generated from measurements by voluntary health worker and consolidated by WV using Health & Nutrition Tracking System (HNTS). The main purpose of this system is providing real time targeting information.

At any time, a chart can be generated to show the database information in any number of ways including by the nutritional status of children individually, by village, by sub-district, or by health post. The system is designed to calculate the level of malnutrition using either weight for age or weight for height. The data can also be shown as a time series. The advantage of this system is that it allows the TAP project to use real-time targeting information to more effectively improve the lives of children. The figures below provide samples of the charts generated from the data on children during the period of October 2002 to September 2003:





The data in the table below show (table 1) that there is a decline of number of underweight children in TAP areas, from 32.54% in the beginning of FY3 to 31.57% at the end of FY3. However, the decline is barely adequate to indicate an improvement, using Chi-square test at $\alpha=0.08$. The decline of the prevalence of severe wasting is more significant. The data show a decline from 2.75% to 2.34%. Using Chi-square test, there is a significant difference between October 02 and September 03 at $\alpha=0.03$.

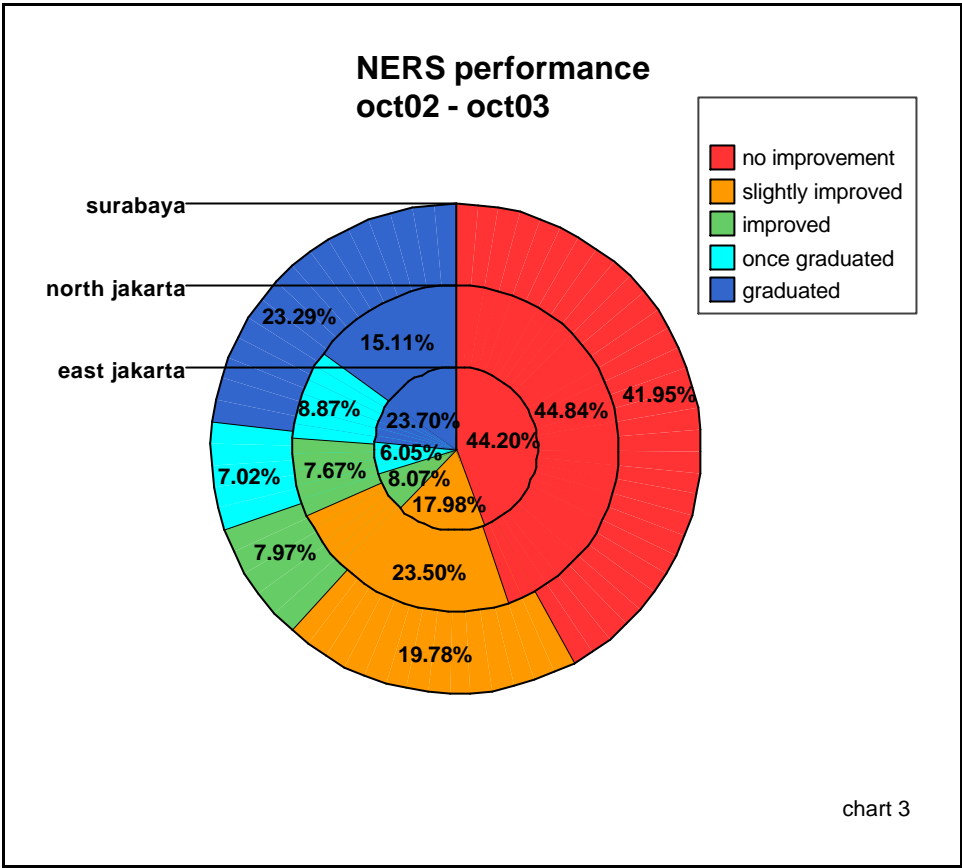
Underweight (WAZ)	October 02	32.54%
	September 03	31.57%
Severe wasting (WHZ)	October 02	2.75%
	September 03	2.34%

Table 1

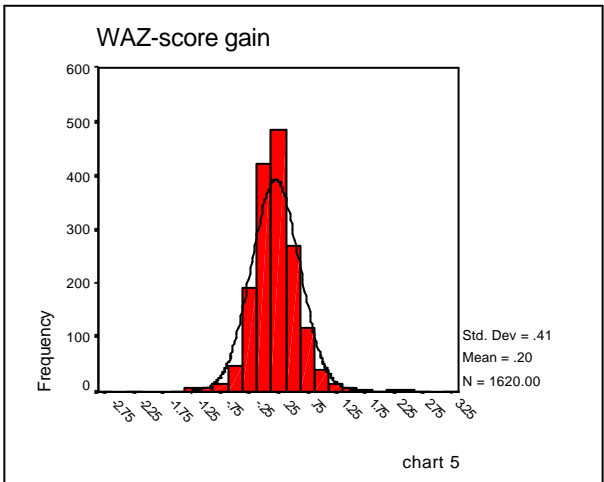
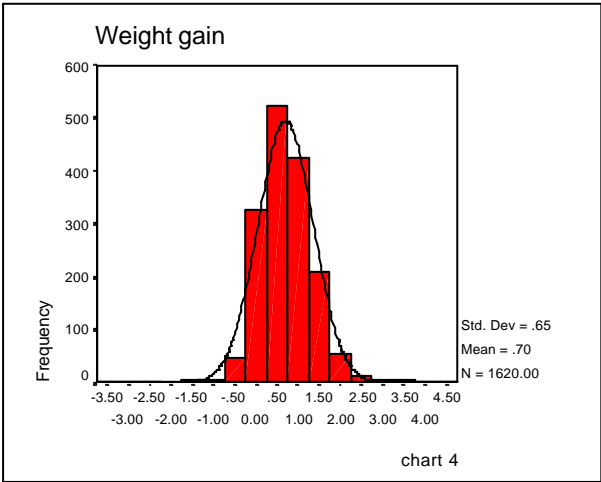
The results show that the supplementary feeding has significantly improved acute malnutrition. It is in accordance with related research conducted by Dr. Saptawati Bardosono M.Sc. She asserts that supplementary feeding is significantly improves acute malnutrition. On the other hand, it is more challenging to improve chronic malnutrition (underweight), since it is related to non-food factors, such as diseases, environment and behaviors.

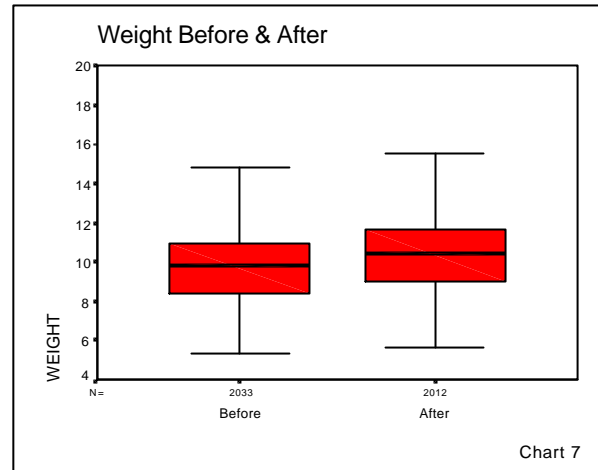
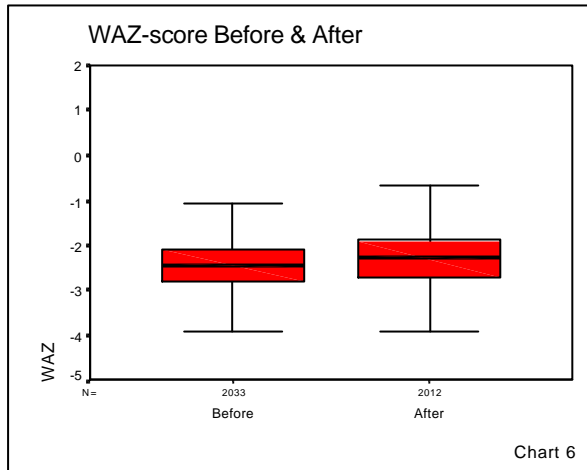
Since FY3, TAP through IU-MICAH, tried to strengthen the efforts in combating chronic malnutrition and micronutrient deficiency by a more sustainable and community-based program. The program was designed to overcome malnutrition of macro and micronutrient by community measures. It is hoped that after participating in the 12-day session, mothers will implement the good habits in their daily lives. The challenge of this program is that WV relies on community participation. The program will eventually yield better results, however, if it remains based on community participation. Although the process itself was relatively slow and the coverage is still small, it is nonetheless proven that 21.4% of participants graduated from the program (recovered

from severe or moderate underweight to normal). Chart 3 below show program performance of the program by its role in converting malnutrition status among the participants.



The weight gain and WAZ-score gain varies between the participants, as seen in charts 4 and 5, with the average weight gain and WAZ-score at 0.7 kg and 0.2 respectively. Charts 6 and 7 compare before and after WAZ-scores. IU-MICAH has successfully improved the nutritional status of its participants. Strong results are not reflected in the underweight rate in the whole population, however, as project coverage is relatively small.





Supplementary food was given only to malnourished children. Total beneficiaries for the activities and commodity distributed are shown in the tables below:

Distribution Summary of WSB and Number of Beneficiaries

Month	Surabaya		Cumulative SBY	East Jakarta		North Jakarta		Total Jakarta		Cumulative JKT
	# bens	WSB (kgs)	WSB (kgs)	# bens	WSB (kgs)	# bens	WSB (kgs)	# bens	WSB (kgs)	WSB (kgs)
Oct-02	1,023	2,046	2,046	1,291	2,582	3,808	7,616	5,099	10,198	10,198
Nov-02	1,047	2,094	4,140	1,314	2,628	3,431	6,862	4,745	9,490	19,688
Dec-02	1,048	2,096	6,236	1,337	2,674	3,431	6,862	4,768	9,536	29,224
Jan-03	918	1,836	8,072	-	-	2,646	5,292	2,646	5,292	34,516
Feb-03	707	1,414	9,486	1,046	2,092	3,036	6,072	4,082	8,164	42,680
Mar-03	656	1,312	10,798	1,173	2,346	3,075	6,150	4,248	8,496	51,176
Apr-03	0	-	10,798	1,080	2,160	3,018	6,036	4,098	8,196	59,372
May-03	715	1,430	12,228	1,050	2,100	2,686	5,372	3,736	7,472	66,844
Jun-03	687	1,374	13,602	1,111	2,222	2,904	5,808	4,015	8,030	74,874
Jul-03	819	1,638	15,240	1,133	2,266	2,522	5,044	3,655	7,310	82,184
Aug-03	818	1,636	16,876	1,039	2,078	2,387	4,774	3,426	6,852	89,036
Sep-03	908	1,816	18,692	1,124	2,248	2,588	5,176	3,712	7,424	96,460
AVERAGE	779	1,558		1,058	2,116	2,961	5,922	4,019	8,038	
TOTAL	9,346	18,692	128,214	12,698	25,396	35,532	71,064	48,230	96,460	656,252

B. Monitoring & Evaluation, Audits, and Studies

Monitoring & Evaluation

During FY03, there were no USAID required evaluations of TAP activities. However, as in every fiscal year, the program staff conducted an internal program review. In July 2003, WV conducted the review for all TAP activities, budget, number of beneficiaries and strategic plan until end of 2003. The internal review highlights the constraints and lessons learned from each project site. Every year, the health team conducts Behavior Change Communication – BCC survey to determine the behavior change in the current implementation areas either for TAP beneficiaries or non-beneficiaries. The program will conduct a final monitoring and evaluation report for nutritional and technical indicators by the last year of implementation (1st quarter of FY 05).

To facilitate program monitoring, WV has developed a nutritional status monitoring system called the Health and Nutrition Tracking System (HNTS). This system tracks the nutrition status of the children in the targeted areas and generates a list of all children who meet the criteria of malnourishment to expedite the start of appropriate interventions, as one of the beneficiary criteria is family with malnourished children U5. During FY03, the malnutrition rates indicated a substantial fluctuation. Weight was measured quarterly and height was measured semi-annually. The high mobility of community members makes it difficult to monitor and maintain the same measured children. The wasting status shows a little improvement, because compared to underweight status, it can be more easily improved when intervention is received. The intervention done by the TAP project, such as supplementary feeding for children under 5, health education/food for training and food for work, has impacted the wasting status (wasting status shows the acute condition/over a short period of time).

For FFW and FFT activities, the officers, field monitors, and co-coordinators supervise the community activities of training and community rehabilitation. The officers, field monitors, and coordinators are responsible to record daily a list of beneficiary attendance, ensure that the materials are correctly used, and issue WV waybills for the receipts and dispatches of FFW/T materials from logistics department to the beneficiaries. The officers and project support assistants, together with field staff, monitor activities, calculate the project budget, and conduct training and guidance in the field.

Audit

There were no USAID required audits of the WV Indonesia TAP during FFFY03.

Studies

WV Indonesia did not undertake any studies during FY03.